PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPAR/TMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a falld OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY FOR I NUMBER FILED NUMBER EXTRA RATE FFF RATE BASIC FEE (37 CFR 1.16(a)) 57700 OR. TOTAL CLAIMS x \$18.0 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS x 5430= (37 CFR 1.16(b)) minus 3 = x \$ 86.0= OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + 529b,= OR-1 \* If the difference in column 1 is less than zero, enter "0" in column 2. IATOT OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 3) ÓR (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING PRESENT NUMBER RATE ADDI-ADDI-ENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL' AMENANIENT PAID POP FEE FEE-Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM, (37 CFR 1,16(d)) OR TOTAL ADD'L FEE ADD'L FEE L' Comple (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{m}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-EX. AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL: AMENDMENT PAID FOR FEE' FEE Total (37 CFR 1.16(c)) ENDM Minus OR I Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT ADDÍ-RATE ADDI-RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE' Total (37 CFR 1.16(c)) Minus = OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| ľ   | PATENT ADDI ICATION EES DETERMINATION                                    |                      |                                   |             |                       |                                     |              |  |          |                       | Application or Docket Number |                 |                |                        |     |
|---|--|----------------------|-----------------------------------|-------------|-----------------------|-------------------------------------|--------------|--|----------|-----------------------|------------------------------|-----------------|----------------|------------------------|-----|
|   | PATENT APPLICATION FEE DETERMINATION REC<br>Effective October 1, 2003    |                      |                                   |             |                       |                                     |              |  |          | 10690179              |                              |                 |                |                        |     |
| CLAIMS AS FILED - PART ( (Cotumn 1) (Cotumn 2)  |  |                      |                                   |             |                       |                                     |              |  |          | SMALL ENTITY TYPE COR |                              |                 | OTHER THAN     |                        |     |
|   | TO   | TOTAL CLAIMS         |                                   |             |                       |                                     |              |  | }        | RATE                  | FEE                          | <b>7</b>        | RATE           | FEE                    | 4   |
| I   | FOR  |                      |                                   |             | MUNISE                | R FLED                              | NUMBER EXTRA |  | 1        | BASIC FE              | E 385.00                     | J <sub>OR</sub> |                | <del></del>            | 1 . |
|   | וסו  | AL CHARG             | EABLE CL                          | ? minus 20= |                       | • 0                                 |              | 1  | XS 9-    | 1                     | OR                           |                 |                | 1                      |     |
|   | NOEPENDENT CLAIMS  |                      |                                   |             | / minus 3 =           |                                     | . 0          |  |          | X43:                  | †                            | ٦               |                |                        | 1   |
|   | MUL  | TIPLE DEPI           | ENDENT C                          | RESENT      | •                     |                                     |              |  | •145a    | ╀──                   | -JOA                         |                 | <del> </del>   | ┨                      |     |
| Ţ.  | * If the difference in column 1 is less than zero, enter "O" in column 2 |                      |                                   |             |                       |                                     |              |  |          |                       | 335                          | OR              | <u> </u>       | <b> </b>               | 4   |
| ı   | CLAIMS AS AMENDED - PART II  |                      |                                   |             |                       |                                     |              |  |          |                       | 1927                         | FOB             |                | L                      | ┨   |
| -   |  |                      | (Cohri                            | nn 1)       | (Column 2) (Column 3) |                                     |              |  |          | SMALL                 | ENTITY                       | OR              |                | ENTITY                 |     |
|   | X E  | •                    | REMAI<br>APTI<br>AMEND            | NONG<br>ER  |                       | PREVIO<br>PAID F                    | ER<br>USLY   | PRESENT<br>EXTRA                                     | ),"      | RATE                  | .ADDI-<br>TIONAL<br>FEE      |                 | RATE           | ADDI-<br>TIONAL<br>FEE |     |
| AMEMPAGAS   | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓                                    | otal                 | . 6                               |             | Minus                 | - 2                                 | 0            | - 0  |          | X\$ 9=                | 1                            | OR              | X\$18a         |                        | 1   |
|   | ֓֞֜֜֞֜֜֜֜֡֓֓֓֓֓֡֜֜֜֜֜֡֡֓֓֓֡֜֜֜֡֡֡֡֡֡                                     | ndependens           | 1. 2                              |             | Minus                 | <u> </u>                            | 3            | • 8  | ] [,     | X43:                  |                              | OR              | X86=           | 7                      | 1   |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                      |                                   |             |                       |                                     |              |  |          | +145=                 | /                            | OR              | +290=          | /                      | ĺ . |
| l   | ·  |                      |                                   |             |                       |                                     |              |  | L        | TOTAL                 | /                            | ~.              | YOYAL          |                        | ł   |
| _   | (Column 1) (Column 2) (Column 3)   |                      |                                   |             |                       |                                     |              |  |          | DOM FEE               |                              | Ju.,            | NOOIT. FEE     |                        |     |
| 9 5   |  |                      | CLAIM<br>REMAIN<br>AFTE<br>AMENDM | DAG.<br>A   |                       | HIGHE<br>MUMBI<br>PREVIOU<br>PAID F | A<br>ISLY    | PRESENT<br>EXTRA                                     |          | RATE                  | ADDI-<br>TIONAL              | 1               | RATE           | ADDI-<br>TIONAL        |     |
| 引   | Te   | del                  | . 4                               |             | Minus ·               | 7                                   | 0            | - 0  | 卜        | X3 9=                 | FEE                          | OR              | X\$180         | FE /                   |     |
| AMENDMENT   | 19   | dependent            | ・え                                |             | Minus                 | 4 .                                 | 3            | <i>- ()</i>  | ŀ        | X43=                  | -A                           | -               | X88=           | -/-1                   |     |
| 匚   | R  | RST PRESE            | NTATION (                         | )F MU       | LTIPLE DE             | PENDENT (                           | MIA          |  | ┢        |                       | <del>/</del>                 | OR              |                | /                      |     |
| ۱.  |  |                      |                                   |             | •                     |                                     |              | •  | L        | +145=                 |                              | OR              | +290-<br>10104 |                        |     |
| H   | 1  | •                    | (Column                           | . 41        |                       | <b>~</b>                            |              |  | AD       | on real               |                              | OR <sub>A</sub> | DOT. FEE       |                        |     |
| 5   | 卞  |                      | CLAUM                             | 3           | (Column 2)            |                                     |              | (Cotumn 3)   | _        |                       | ADDI-                        | _               |                | ADD1                   |     |
|   |  |                      | AFTER                             |             |                       | PREVIOUS                            | XY.          | PRESENT  |          |                       | NONAL<br>FEE                 |                 | RATE           | TIONAL<br>FEE          |     |
| AMENDMENT   | Tot  | al                   | ·                                 |             | Anus                  | -01                                 |              | - /  |          | G 9                   |                              | 4               | X318=          |                        |     |
| BE  | _  | ependent             | • ]                               |             | Almus                 |                                     | 14           | • /  |          | (43a                  | <del>-/</del> 1              | <u></u>         | X86=           | $\overline{}$          |     |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                      |                                   |             |                       |                                     |              |  | <b> </b> | 1/5                   | <del>/</del>                 |                 | 2900           | $\leftarrow$           |     |
| * If the entry in column 1 is less than the entry in column 2, write "If in column 3.  "If the entry in column 1 is less than the entry in column 2, write "If in column 3.  "If the entry in column 1 is less than the entry in column 2, write "If in column 3.  "If the entry in column 1 is less than the entry in column 2, write "If in column 3. |  |                      |                                   |             |                       |                                     |              |  |          |                       |                              |                 | TOZAL          |                        |     |
| -   | 17 COD   | THE PART NAME        | nder Previous                     | Pedd You    | For DITIOS            | CPACE IN NO                         | m (Dan)      | fighest vroupes (<br>3° eaths "3°.<br>30° eann "30°. |          | T FEEL                | · ·                          |                 | DIT FEE L      |                        |     |
|   |  | <b>405</b> (Rev. 104 |                                   |             | _ ,                   |                                     |              |  |          |                       |                              | •               |                |                        |     |
| -   | -10  | ⇔rs ribe. Ω          | WD .                              |             |                       |                                     |              | •  | ب لاحض   | red Treatment to      | a College U.S.               | DENN            | THERE OF C     |                        |     |